

Please print clearly in BLOCK LETTERS with a black pen.

Inspection date

Please tick  the appropriate boxes.

1 Premises details

Property description Lot /Section/DP

Location No. and Street

Town/Locality  Postcode

2 Applicant details

Your name Full name

Postal address  Street or PO

Daytime contact details Phone  Fax

Mobile  Email

Signature of applicant(s)  Date  /  /

3 Existing owner I hereby permit Council to enter the premises for a pre-purchase inspection and provide the inspection report to the person(s) indicated below

Your name Full name

Postal address  Street or PO

Daytime contact details Phone  Fax

Mobile  Email


Report delivered to Contact details

Signature of owner(s) / proprietor(s)  Date  /  /

**Disclaimer** Council's inspection is for the purpose of pre-purchase inspections. If Council identifies serious breaches of relevant legislation on inspection, it may take appropriate enforcement action. Council may also disclose contents of pre-purchase inspections to a third party if required to do so by another relevant statutory provision.

**Note** This inspection is to assess the performance of the on-site sewage management system in accordance with the Department of Local Government's Guidelines and the Local Government (General) Regulation 2005. Council will issue an approval to operate the system under section 68 of the Local Government Act. This approval will operate for a period ranging from 28 days to five years. The inspection DOES NOT include • assessment of compliance with the Building Code of Australia or AS1546 or AS1547; • investigation of the presence of development approvals, and compliance with any such approvals; • investigation of the presence of outstanding notices and orders on the subject premises

**OFFICE USE ONLY**



|              |                      |                 |                 |
|--------------|----------------------|-----------------|-----------------|
| Receipt No.  | <input type="text"/> | Receipt type:   | 17              |
| Receipt date | <input type="text"/> | Allocation No.  | W3141.1111.1131 |
| CS staff     | <input type="text"/> | Application fee | \$283.00        |

ABN: 26 987 935 332